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FORM D

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20540

SEC Mail Processing Section

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FORM D

THOMSON NOTICE OF SALE OF SECURITIES FINANCIAL PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Number: 3235-0076						
Expires:	April 30, 2008					
Estimated average burden						
hours per form	16.00					

SEC USE ONLY			
Prefix		Serial	
DA	TE RECEIV	/ED	

Weehington, DC		
Name of Offering ( check if this is an ame	ndment and name has changed, and indicate change.)	
Issuance of Series E Preferred Stock, Pro	missory Notes and Units of Series E Preferred	Stock and Warrants as Merger
Consideration		
Filing Under (Check box(es) that apply):	Rule 504  Rule 505  Rule 506  Sectio	in 4(6) ULOE
Type of Filing: New Filing An	nendment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the iss	uer	
Name of Issuer ( check if this is an amend	ment and name has changed, and indicate change.)	
BPL Global, Ltd.		08042680
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone consuming a new code,
1603 Carmody Court, Suite 400	Sewickley, PA 15143	724-933-7700
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business		
Provider of distribution intelligen	ce solutions and services and broadban	d solutions and services.
_		
Type of Business Organization		
□ corporation     □	limited partnership, already formed	other (please specify):
business trust	limited partnership, to be formed	
	Month Year	
Actual or Estimated Date of Incorporation or Or		Actual Estimated
	Enter two-letter U.S. Postal Sevice abbreviation for Stat	
(	CN for Canada; FN for other foreign jurisdiction)	DE

## GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> </ul>
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Schaefer, Keith
Business or Residence Address (Number and Street, City, State, Zip Code) 201 Post Street, Suite 1102 San Francisco, CA 94108
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Zacharias, Samuel
Business or Residence Address (Number and Street, City, State, Zip Code)
1603 Carmody Court, Suite 400 Sewickley, PA 15143
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
O'Brien, Morgan
Business or Residence Address (Number and Street, City, State, Zip Code)
1603 Carmody Court, Suite 400 Sewickley, PA 15143
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Bolton, Michael
Business or Residence Address (Number and Street, City, State, Zip Code)
1200 Liberty Ridge Drive, Suite 300 Wayne, Pa 19087-5570
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner
Full Name (Last name first, if individual)
Al-Nakib, Abdulwahab Ahmad  Business or Residence Address (Number and Street, City, State, Zip Code)
Al-Nakib Building, 1st Floor PO Box 1520 Safat, 13016 Kuwait
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
PA Early Stage Partners III, L.P.  Managing Partner
Full Name (Last name first, if individual)
1200 Liberty Ridge Drive, Suite 310 Wayne, Pa 19087-5570  Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or SZAR Partners LP
Full Name (Last name first, if individual)
444 Liberty Avenue, Suite 600 Pittsburgh, Pa 15222
Business or Residence Address (Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)  Londa, Peter Business or Residence Address (Number and Street, City, State, Zip Code)  1603 Carmody Court, Suite 400 Sewickley, PA 15143  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing, Partner  Full Name (Last name first, if individual)  Al-Deera International Communications Company Business or Residence Address (Number and Street, City, State, Zip Code)  P.O. Box 1990 Safat, 13020 Kuwait  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing, Partner  Full Name (Last name first, if individual)  Kuwait Holding Company, K.S.C.C.  Business or Residence Address (Number and Street, City, State, Zip Code)  P.O. Box 4694 Safat, 13047 Kuwait  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  International Financial Advisors, K.S.C.  Business or Residence Address (Number and Street, City, State, Zip Code)  P.O. Box 4694 Safat, 13047 Kuwait  International Financial Advisors, K.S.C.  Business or Residence Address (Number and Street, City, State, Zip Code)  P.O. Box 4694 Safat, 13047 Kuwait	Check Box(es) that Apply:		Promoter		Beneficial Owner	$\boxtimes$	Executive Officer		Director		General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code)    Goarmody Court, Suite 400	Full Name (Last name first,	if indi	ividual)								
Business or Residence Address (Number and Street, City, State, Zip Code)    Goarmody Court, Suite 400	Londa, Peter										
Check Box(es) that Apply:		ess	(Number an	nd Stre	et, City, State, Zip Co	ode)					
Al-Deera International Communications Company Business or Residence Address (Number and Street, City, State, Zip Code)  P.O. Box 1990 Safat, 13020 Kuwait  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner    Managing Partner   Managing Partner   Managing Partner   Managing Partner	1603 Carmody Court	, Sui	ite 400		Sewickley, I	PA 15	143				
Al-Deera International Communications Company Business or Residence Address (Number and Street, City, State, Zip Code)  P.O. Box 1990 Safat, 13020 Kuwait  Check Box(es) that Apply:	Check Box(es) that Apply:		Promoter	$\boxtimes$	Beneficial Owner		Executive Officer		Director		
Business or Residence Address (Number and Street, City, State, Zip Code)  P.O. Box 1990 Safat, 13020 Kuwait  Check Box(es) that Apply:	Full Name (Last name first,	if indi	ividual)								
Business or Residence Address (Number and Street, City, State, Zip Code)  P.O. Box 1990 Safat, 13020 Kuwait  Check Box(es) that Apply:	Al-Deera Internationa	al Co	ommunicati	ions	Company						
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Manuscinus Partner    Ruwait Holding Company, K.S.C.C.						Code)					
## Full Name (Last name first, if individual)  ## Kuwait Holding Company, K.S.C.C.  ## Business or Residence Address (Number and Street, City, State, Zip Code)  ## P.O. Box 4694	P.O. Box 1990	Sa	fat, 13020		Kuwait						
Kuwait Holding Company, K.S.C.C.    Business or Residence Address (Number and Street, City, State, Zip Code)   P.O. Box 4694	Check Box(es) that Apply:		Promoter	$\boxtimes$	Beneficial Owner		Executive Officer		Director		
Business or Residence Address (Number and Street, City, State, Zip Code)  P.O. Box 4694 Safat, 13047 Kuwait  Check Box(es) that Apply:	Full Name (Last name first,	if indi	ividual)								
Business or Residence Address (Number and Street, City, State, Zip Code)  P.O. Box 4694 Safat, 13047 Kuwait  Check Box(es) that Apply:	Kuwait Holding Con	ıpan'	v. K.S.C.C.								
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or  Managing Partner  Full Name (Last name first, if individual)  International Financial Advisors, K.S.C. Business or Residence Address  (Number and Street, City, State, Zip Code)  P.O. Box 4694  Safat, 13047  Kuwait  Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or  Managing Partner  Full Name (Last name first, if individual)  DQE Communications, LLC  Business or Residence Address  (Number and Street, City, State, Zip Code)  411 Seventh Avenue, 15th Floor  Pittsburgh, Pa 15219  Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or  Managing Partner  Full Name (Last name first, if individual)  Wydler, Andres  Business or Residence Address  (Number and Street, City, State, Zip Code)  201 Post Street, Suite 1102  San Francisco, CA, 94108  Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or  Managing Partner			(Number ar	nd Stre	et, City, State, Zip Co	ode)					
Full Name (Last name first, if individual)  International Financial Advisors, K.S.C. Business or Residence Address (Number and Street, City, State, Zip Code)  P.O. Box 4694 Safat, 13047 Kuwait  Check Box(es) that Apply:	P.O. Box 4694	Safa	at, 13047		Kuwait						
Full Name (Last name first, if individual)  International Financial Advisors, K.S.C. Business or Residence Address (Number and Street, City, State, Zip Code)  P.O. Box 4694 Safat, 13047 Kuwait  Check Box(es) that Apply:	Check Box(es) that Apply:		Promoter	$\boxtimes$	Beneficial Owner		Executive Officer		Director		•
Business or Residence Address (Number and Street, City, State, Zip Code)  P.O. Box 4694 Safat, 13047 Kuwait  Check Box(es) that Apply:	Full Name (Last name first,	if indi	iviđual)								
Business or Residence Address (Number and Street, City, State, Zip Code)  P.O. Box 4694 Safat, 13047 Kuwait  Check Box(es) that Apply:	International Financia	al A	dvisors, K.S	S.C.							
Check Box(es) that Apply:					treet, City, State, Zip	Code)		-	• • •		
Full Name (Last name first, if individual)  DQE Communications, LLC  Business or Residence Address (Number and Street, City, State, Zip Code)  411 Seventh Avenue, 15th Floor Pittsburgh, Pa 15219  Check Box(es) that Apply:	P.O. Box 4694	Sa	fat, 13047		Kuwait						
Full Name (Last name first, if individual)  DQE Communications, LLC  Business or Residence Address (Number and Street, City, State, Zip Code)  411 Seventh Avenue, 15th Floor Pittsburgh, Pa 15219  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Wydler, Andres  Business or Residence Address (Number and Street, City, State, Zip Code)  201 Post Street, Suite 1102 San Francisco, CA, 94108  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Check Box(es) that Apply:		Promoter	$\boxtimes$	Beneficial Owner		Executive Officer		Director		
Business or Residence Address (Number and Street, City, State, Zip Code)  411 Seventh Avenue, 15th Floor Pittsburgh, Pa 15219  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  Wydler, Andres Business or Residence Address (Number and Street, City, State, Zip Code)  201 Post Street, Suite 1102 San Francisco, CA, 94108  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Full Name (Last name first,	if indi	ividual)								
Business or Residence Address (Number and Street, City, State, Zip Code)  411 Seventh Avenue, 15th Floor Pittsburgh, Pa 15219  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  Wydler, Andres Business or Residence Address (Number and Street, City, State, Zip Code)  201 Post Street, Suite 1102 San Francisco, CA, 94108  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	DOE Communication	ns, L	LC		· · · · · · · · · · · · · · · · · · ·						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Wydler, Andres  Business or Residence Address (Number and Street, City, State, Zip Code)  201 Post Street, Suite 1102 San Francisco, CA, 94108  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner				nd Stre	eet, City, State, Zip Co	ode)				·	
Wydler, Andres Business or Residence Address (Number and Street, City, State, Zip Code)  201 Post Street, Suite 1102 San Francisco, CA, 94108  Check Box(es) that Apply: □ Promoter ☑ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner	411 Seventh Avenue	, 15t	h Floor	]	Pittsburgh, Pa 15	5219					
Wydler, Andres   Business or Residence Address (Number and Street, City, State, Zip Code)   201 Post Street, Suite 1102 San Francisco, CA, 94108   Check Box(es) that Apply: □ Promoter ☒ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner	Check Box(es) that Apply:		Promoter		Beneficial Owner	$\boxtimes$	Executive Officer		Director		
Business or Residence Address (Number and Street, City, State, Zip Code)  201 Post Street, Suite 1102 San Francisco, CA, 94108  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Full Name (Last name first,	if ind	ividual)								wanaging radies
Business or Residence Address (Number and Street, City, State, Zip Code)  201 Post Street, Suite 1102 San Francisco, CA, 94108  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner											
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Ger.eral and/or  Managing Partner		ess	(Number	and S	Street, City, State, Zip	Code)					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Ger.eral and/or  Managing Partner	201 Post Street Suite	e 110	)2	San	Francisco, CA.	9410	<u> </u>	<del></del>	•		
Managing Partner	,								Director		Ger.eral and/or
		if ind								<del></del>	Managing Partner
United Investments Portugal Business or Residence Address (Number and Street, City, State, Zip Code)				nd Stre	eet, City, State, Zip C	ode)	<del></del>				
Apartado 887 8200 Albufeira Portugal	Apartado 887	821	00 Albufeir	a	Portugal		The second secon			· · · · · · ·	

Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Morgan Stanley Strategic Investments Business or Residence Address (Number and Street, City, State, Zi	p Code)		
1585 Broadway New York, NY 10036			
Check Box(es) that Apply:  Promoter  Beneficial Owner	Executive Officer	Director	General and/or
Full Name (Last name first, if individual)			Wisipadiny Fatinet
Innovations Works, Inc.			
Business or Residence Address (Number and Street, City, State, Zip C	Code)		
2000 Technology Drive Suite 250 Pittsburgh,	Pa 15219		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
GIV Venture Partners, L.P.			
Business or Residence Address (Number and Street, City, State, Zi	p Code)		
2086 Hunters Crest Way Vienna, VA 22181			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Maraging Partner
Full Name (Last name first, if individual)			
International Finance Company, K.S.C.			
Business or Residence Address (Number and Street, City, State, Zip C	Code)		
P.O. Box 4694 Safat, 13047 Kuwait			
Check Box(es) that Apply: Promoter Beneficial Owner Full Name (Last name first, if individual)		Director	General and/or
Barto, Steven			
Business or Residence Address (Number and Street, City, State, Zip	p Code)		
1603 Carmody Court, Suite 400 Sewickley, PA 151	43		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or
Full Name (Last name first, if individual)			Managing Partner
Sansom, Doug			
Business or Residence Address (Number and Street, City, State, Zip C	Code)		
1603 Carmody Court, Suite 400 Sewickley, PA 151	43		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			ividing is a differ
Perseus 2000 LLC			
Business or Residence Address (Number and Street, City, State, Zij	Code)		
2099 Pennsylvania Avenue, N.W., Suite 900 Washi	ngton D.C. 20006-181	3	

SEC 1972 (6/02)

B. INFORMATION ABOUT OFFERING						
	Yes No					
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						
Answer also in Appendix, Column 2, if filing under ULOE.						
2. What is the minimum investment that will be accepted from any individual?						
a position of the control of the con	Yes No ⊠ □					
<ol> <li>Does the offering permit joint ownership of a single unit?</li> <li>Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission</li> </ol>						
similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	is he					
Full Name (Last Name first. if individual)						
N/A						
Business or Residence Address (Number and Street, City, State, Zip Code)						
Name of Associated Broker or Dealer						
Name of Associated Broker of Dealer						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers:	_					
(Check "All States" or check individual States)	_					
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI						
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS						
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR						
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY	] [ PR ]					
Full Name (Last Name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
Name of Associated Broker or Dealer						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	<del>-</del>					
(Check "All States" or check individual States)	All States					
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI						
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS						
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR						
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY	·					
Full Name (Last Name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
business of residence readings (realised and birest, only, blace, 2.5 code)						
Name of Associated Broker or Dealer						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers						
(Check "All States" or check individual States)	All States					
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI	] [ ID ]					
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR						

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	LU	F PROCEEDS	1		
.1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price	2		Amount Already Sold
	Debt (Promissory Notes)	\$_	1,066,250		\$_	1,066,250
	Equity ( Series E Preferred Stock)	\$	6,580,000		\$	5,051,923.78
	☐ Common ☑ Preferred					
	Convertible Securities (including warrants)	\$_	-0-	_	\$_	-0-
	Partnership Interests	\$_	-0-		\$_	-0-
	Other (Units of Series E Preferred Stock and Warrants to purchase Series E Preferred Stock)	\$_	745,780		\$_	745,780
	Total	\$_	8,392,030		\$_	6,863,953.78
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					A
			Number Investors			Aggregate Dollar Amount of Purchases
	Accredited Investors	_	45	_	\$_	6,863,953.78
	Non-accredited Investors	_	-0-		\$_	-0-
	Total (for filings under Rule 504 only)	_	-0-		\$_	-0-
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.					
	Type of offering		Type of			Dollar Amount Sold
	Rule 505		Security -0-		\$	-0-
	Regulation A	-	-0-		ۍ_ -	-0-
	7. 704	-	-0-	_	ຶ-	-0-
	Rule 504  Total	-		_	, -	· ·
		-	-0-	_	<b>S</b> _	-0-
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees	•••••			\$_	-0-
	Printing and Engraving Costs	•••••			\$_	-0-
	Legal Fees		Q	$\boxtimes$	\$_	15,000
	Accounting Fees	•••••			\$_	-0-
	Engineering Fees				\$_	-0-
	Sales Commissions (specify finders' fees separately)				\$_	-0-
	Other Expenses (identify).				\$_	-0-
	Total	•••••		Z	\$_	15,000

(W	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1	b. Enter the difference between the aggregate offering price given in response to Part C - Question I and total expenses furnished in response to Part C - Question 4 a This difference is the "adjusted gross proceeds to the issuer".		<b>\$</b> 8,377,030
5	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4 b above		
		Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees	1	□ s
	Purchase of real estate		□ \$
	<del>-</del>		□ s
	Construction or leasing of plant buildings and facilities	···	 □ \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a		Ek\$ 8,377,030
	· ·		
			□ \$ □ \$
	Other (specify):		
	Column Totals		
	Total Payments Listed (column totals added).	<b>⋈ \$</b> 8,377	
Ç P	D. FEDERAL SIGNATURE		Control of the second
sig	te issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this napature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Common formation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	ission, upon written	
İss	suer (Print or Type) Signature	Date	
F	BPL Global, Ltd. By: Jt M	2  <i>3-</i> -	5-08
N	ame of Signer (Print or Type) Title Signer (Print or Type)		
S	Steven M. Barto Chief Financial Officer		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

